



UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<small>Attorney Docket No.</small> 03500.015380.1 <small>First Named Inventor or Application Identifier</small> SATOSHI KOJIMA <small>Express Mail Label No.</small> EU400193514US	<small>03940 U.S. PTO</small> 10/660911 <small>09/12/03</small>
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. <input type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p><p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p><p>3. <input checked="" type="checkbox"/> Specification Total Pages 136</p><p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 6</p><p>5. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 2</p><div style="margin-left: 20px;"><p>a. <input type="checkbox"/> Newly executed (original or copy)</p><p>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)</p><div style="margin-left: 20px;"><p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p></div></div></div><div style="width: 48%; vertical-align: top;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p><p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p><div style="margin-left: 20px;"><p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p><p>b. Specification Sequence Listing on:</p><div style="margin-left: 20px;"><p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p><p>ii. <input type="checkbox"/> paper</p></div></div><p>c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></div>		ACCOMPANYING APPLICATION PARTS <div style="margin-top: 5px;"><p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p><p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p><p>11. <input type="checkbox"/> English Translation Document (if applicable)</p><p>12. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p><p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p><p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p><p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p><p>16. <input checked="" type="checkbox"/> Other: <u>Petition to Accept Color Photographs and Check for \$130.00.</u></p></div>	
<p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 30%;"><p><input type="checkbox"/> Continuation</p><p><small>Prior application information:</small></p></div><div style="width: 30%;"><p><input checked="" type="checkbox"/> Divisional</p><p><small>Examiner</small> <u>Janis Dote</u></p></div><div style="width: 30%;"><p><input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>09/865,699; filed 5/29/01</u></p><p><small>Group/Art Unit:</small> <u>1756</u></p></div></div> <p><small>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small></p>			
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<div style="text-align: center;">05514</div> <div style="text-align: center;"><small>(Insert Customer No. or Attach bar code label here)</small></div>	
<input type="checkbox"/> Correspondence address below			
NAME			
Address			
City		State	Zip Code
Country		Telephone	Fax

